

California's Child and Family Services Review System Improvement Plan

County:	Alameda County
Responsible County Child Welfare Agency:	Social Services Agency Department of Children and Family Services
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Alameda County

Children and Family Services System Improvement Plan

September 2004

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Introduction

The Alameda County System Improvement Plan (SIP) is the document that prioritizes and operationalizes the practice and system improvements addressed in the county's Self Assessment Plan. The SIP represents the agreement between the county Social Services Agency and the state Department of Social Services under the California Children and Family Services Review process.

The SIP was developed by the Senior Management Team of the Department of Children & Family Services with substantive input from the Self Assessment Plan Interagency Team that included participants from a wide spectrum of county statutory agencies, non-profit entities, and community representatives (See Attachment B for a full list of participants.) The major work on the SIP was completed by the department management team at an off-site meeting held in Mills College on July 19-20, 2004 and facilitated by David Hurley of the Bay Area Regional Training Academy.

The Department has chosen to focus on four areas for improvement in the SIP process. These include the Safety Outcome, Timely Social Worker Visits with children (Outcome 2C); a Permanency Outcome, Multiple Foster Care Placements (Outcome 3C); and, a Family Relationships Outcome, Use of Least Restrictive foster care settings (Outcome 4B.) The fourth focus area is the broader issue of Racial Disproportionality which, in Alameda County, is primarily the over-representation of African American children in foster care. This category includes one other Permanency outcome –Length of Time to Exit Foster Care to Reunification (Outcome 3A) and a participation factor, the number of first entries to care of African American children.

These outcomes were selected because the Department believes they represent the key areas where policy, practice and system changes can have the most impact on the targeted outcomes. In some cases, the areas chosen are of long-standing concern in the Alameda County system (Racial Disproportionality and rates of reunification for African American children.) In other cases, the Department has been pursuing strategies to improve performance on particular outcomes (Social worker visits with children and Use of Least Restrictive settings.) In all cases, the outcomes chosen are also targeted by the practice and system changes involved in becoming a fully functioning Family to Family county.

It should be noted that achieving successful outcomes would depend heavily on the continuing availability of funding for child welfare services from the state and federal governments. In particular, the potential to flexibly allocate funding at the county level will determine the prospects for success. California's Child Welfare workload study conducted in 2000 under the authority of SB 2030, clearly described the under-resourced nature of public child welfare systems in California.

Local Planning Bodies

The Alameda County Interagency Children's Policy Council (ICPC) provides the major forum for promoting policy and program integration among county agencies serving children and families. The participating agencies include the department of Children & Family Services, Behavioral Health Care Services, the Probation department, education representatives, and the Health Care Services Agency. ICPC-sponsored programs focus

on improving outcomes for children and families involved with county service agencies including: more children living safely at home; more parents able to support their children (economically, emotionally, and developmentally); and a more integrated service system.

The ICPC convened the Self Assessment Plan Interagency Team that held a series of meetings throughout 2004 to contribute to, review, and amend the county's Self Assessment Plan. The SAP Team included all the main county agencies involved with children and families, a representative group of children's services non-profit agencies, and community representatives.

The Social Services Agency (SSA)— in collaboration with other County agencies, local public systems, community-based agencies, and philanthropic organizations – has developed and implemented programs to prevent and intervene early to mitigate the destructive influences of child abuse. An important component of the restructured child abuse prevention service system is Every Child Counts/First Five Alameda County. This is an initiative to develop prevention and early intervention programs for Alameda County children age 0-5 and their families.

The Agency also funds and supports a variety of prevention efforts to meet the diverse needs of foster care youth and foster care families and providers. For the last ten years, SSA has utilized the Promoting Safe and Stable Family (PSSF) funds to develop and support neighborhood-based services, which include family reunification, adoption promotion and support, foster care family recruitment and training. Project Destiny (Demonstrating Strategies for Intensive Placement Youth) is another example of a cross systems approach to address the needs of foster care children in out-of-home placement with the goal of returning children safely to their home or to a stable family setting.

The Agency opened The Assessment Center in 2002 to support the provision of more immediate and specialized services to children and youth through coordinated assessment and case triage. The recent opening of the Independent Living Skills Program Teen Health Clinic is further illustration of the Agency's commitment to strengthening its prevention service continuum by targeting the health care needs of older foster care youth. Another new service available for older foster youth is the Transitional Housing Plus program for foster youth 16-18 years.

In addition to the above, SSA partners with a host of county and other public and private agencies to promote prevention services and activities through the expansion of services funded under EPSDT, the CalWORKS-Child Welfare Linkages project, neighborhood-based Self-Sufficiency Centers, collaborations with groups such as the Alameda County Foster Youth Alliance, and partnerships to provide school-based services through the Our Kids and Safe Passages programs.

Findings that Support Qualitative Change

The principal mechanism used by the Agency to gather qualitative information about its performance, community perceptions of its service delivery, and the views of other providers such as foster parents, has been the Family to Family planning process. The planning process for implementation of Family to Family has been underway in Alameda County since March, 2003.

The Agency considers the Annie E. Casey Foundation's *Family to Family* initiative to be the best overarching reform approach available for public Child Welfare systems. The four core strategies of *Family to Family* target the key areas where most public systems need major reform: Building Community Partnerships; Recruitment, Training and Support of Resource families; Team Decision Making; and Self-Evaluation. Each core strategy has a workgroup comprised of department staff, services providers, and community representatives. The Community Partnerships and Recruitment, Training & Support workgroups have sponsored a series of community forums, presentations and other events that have provided extensive community feedback on the department's performance.

The Department managers and their community partners have embraced the *Family to Family* vision of a child welfare system geared to provide what children need most: a permanent, safe, and stable family. The revamped system will also negotiate new relationships and collaborations with the communities it serves. *Family to Family* reforms will strengthen and enhance community capacity – formal and informal – to care for children and prevent removals. And, *Family to Family* introduces a critical practice change in the form of Team Decision Making that introduces more key partners and participants at decision-making points such as removal, initial placement, changes of placement, and reunification.

Another important feature of the *Family to Family* initiative is how it complements and strengthens the Department's existing reform strategies in key areas. For instance, in terms of services targeted at preventing removal, it supports the existing strategies of Structured Decision Making, Another Road to Safety, Neighborhood Services, the Assessment Center, and Informal Family Maintenance. This initiative is not merely another pilot project or a new model for child welfare work but a process for achieving deep and lasting system change in public child welfare systems.

The Agency is also fortunate to have a Board of Supervisors that is highly supportive of the policy and practice goals of the Child Welfare system. Their continuing support of the goals and strategies included in the SIP will be very important over the next three years.

Outcome/Systemic Factor: <u>Racial Disproportionality, Issue #1</u> African American children in non-relative placements who are in foster care for more than 36 months.						
County’s Current Performance: African American children have longer lengths of stay in foster care in Alameda County, particularly those children not placed with relatives. For the cohort who first entered care in 2000, 106 African American children out of a total of 145 children (73%) were still in care 36 months later, compared with 16 White foster children (11%). Only 39% of all children reunified by 36 months were African American.						
Overall Improvement Goal Decrease percent of African American children in non-relative foster care placements who are in care for more than 36 months.						
Goal 1.0 Increase percent of reunifications of African American children within 18 months						
Strategy 1. 1 Monitor cases that are not reunified at 12 months for concurrent planning.				Strategy Rationale¹ Child Welfare staff practices around concurrent planning and culturally appropriate, family focused case-planning are inconsistent.		
Activities	1.1.1	Provide quarterly report on reunification numbers and African American children not reunified at 12 months.	Measure/Time	10/04	Assigned to	Family to Family Self-Evaluation Workgroup
	1.1.2	Routinely review all cases and create action plan to increase reunifications		1/05		Mid-level Managers (Program Managers & Child Welfare Supervisors.)

¹ Describe how the strategies will build on progress and improve this outcome or systemic factor

Strategy 1. 2 Engage/empower families and stakeholders in creating a do-able, flexible, safety/case plan that builds on family strengths.			Strategy Rationale Family-focused planning is an emerging best practice that ensures more objective case planning and improves outcomes for children and families.			
Activities	1.2.1	Implement the Structured Decision Making (SDM) process for all Family Reunification (FR) cases.	Measure/Time	1/05	Assigned to	Senior Management Team
	1.2.2	Implement Team Decision Making for all FR cases; review placement and service appropriateness; available relatives; barriers to reunification, and permanency options.		6/05		Senior Management Team
	1.2.3	Train all FR staff on utilizing SDM to do objective family assessments and develop culturally competent case plans that will facilitate reunification.		1/05		Senior Management Team
Strategy 1. 3 All Family Reunification staff will receive training on culturally competent strength-based case planning that supports transfer of learning to field.			Strategy Rationale Child Welfare staff needs to acquire a better understanding of the strengths of African American families in order to develop case plans that will promote reunification.			
Activities	1.3.1	Create a workgroup on Cultural Competence/Equity issues to work with SSA Staff Development to schedule training series, develop an internal PR campaign, and assure ongoing Departmental attention to this issue.	Measure/Time	2/05 – Black History Month	Assigned to	Senior Management Team/ SSA Staff Development

	1.3.2	Develop policy directive to ensure ongoing transfer of learning, by including topic of cultural competence and racial disproportionality on all regular staff meeting agendas.		1/05		Senior Management/Department Director
	1.3.3	Develop policy directive to address cultural competency in all staff evaluations and ongoing supervision/professional development.		3/05		Department Director
Strategy 1.4 Increase the array of culturally appropriate services as necessary and increase community awareness of these services.				Strategy Rationale A range of culturally appropriate, community-based services are needed to supplement the Department’s efforts to reunify children and support families who have been reunified.		
Activities	1.4.1	Identify capacity of existing community resources.	Measure/Time	6/05	Assigned to	Family to Family Community Partnerships Workgroup
	1.4.2	Develop comprehensive resource guide to existing community services and referral system.		6/05		Family to Family Community Partnerships Workgroup
	1.4.3	Monitor the potential expansion of EPSDT-funded intensive and family support services.		Ongoing		Senior Management Team
	1.4.4	Promote family economic stability by implementing the Cal-WORKS-Child Welfare Linkages Program.		9/05		Senior Management Team
Goal 2.0 Increase the number of children placed with kin						

Strategy 2.1 Promote the collection of information on potential relative caretakers (Voir Dire) at detention hearings and subsequent hearings where parents are present			Strategy Rationale Kin Placements provide stability, family and community connections, and positive outcomes, including reducing the number of African American children in non-kin foster care.			
Activities	2.1.1	Meet with Juvenile Court staff	Measure/Time	11/04	Assigned to	Department Director
	2.1.2	Begin brown bag meetings with Public Defenders & Court Appointed Public Advocates staff.		11/04		Senior Management Team
Strategy 2. 2 Implement the California Permanence for Youth Project				Strategy Rationale African American youth who cannot reunify need supportive permanent relationships that promote positive outcomes.		
Activities	2.2.1	Explore the role of Court Appointed Special Advocates (CASA) program in improving youth permanence outcomes.	Measure/Time	10/04	Assigned to	Program Manager, Permanent Youth Connection
Discuss changes in identified systemic factors needed to further support the improvement goals. All systems working with African American children and families in Alameda County (including Children & Family Services, Probation, Health Care, the Juvenile Court and community-based organization) need to examine their practice and processes for various forms of institutional racism and address such issues appropriately.						
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Family Reunification staff needs training on Structured Decision Making & Team Decision Making process, including strength-based, culturally appropriate assessments and case plans. Staff and community need training on institutional racism, the strengths of African American families, culturally competent social work and case decisions, the importance of permanent adult relationships in children’s lives, and the importance of maintaining family relationships and cultural/community connections for children who cannot reunify. Technical Resource Center Assistance is requested on this issue.						

Identify roles of the other partners in achieving the improvement goals.

The Department managers anticipate that Behavioral Health Care Services (BHCS) will continue to work with the department on expansion of EPSDT-funded services. We anticipate that the Juvenile Court will facilitate brown bag lunch meetings for attorneys and staff to address decreasing the disproportionality of African American children in out-of-home care. We anticipate our community partners in the Family to Family workgroups (Community Partnerships, Recruitment/Training and Support, Team Decision Making & Self-Evaluation) will embrace the importance of decreasing disproportionality of African American children in out-of-home care. We anticipate that BHC, Every Child Counts and the Interagency Children's Policy Council will support the expansion or enhancement of culturally appropriate, community-based, accessible services, including residential treatment programs and transitional housing for parents and children. In addition, the department intends to work more closely with the California Youth Connection, the Bay Area Training Academy, and the Children's Research Center who developed the SDM tools.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

The new Relative Approval process and Kin-Gap paperwork requirements are barriers for many relatives who might otherwise be interested in providing foster care or guardianship homes for children.

Outcome/Systemic Factor: Racial Disproportionality Issue # 2 First Entries to care for African American children						
County's Current Performance: First Entries to care are declining in Alameda County. However, African American youth remain over-represented in first entries to care. While 16% of children in Alameda County are African American, they made up 47% of 859 first entries in 2002 and 45% of 841 first entries in 2003.						
Overall Improvement Goal Reduce percent of first time entries to care for African American youth.						
Goal 1.0 Restructure the Intake and assessment functions at the front end of the child welfare system.						
Strategy 1. 1 Pilot test a change in Emergency Response (ER) unit functions to include detention hearings.				Strategy Rationale² Expanded ER functions will allow for a longer working relationship between ER social worker and the family.		
Activities	1.1.1	Create management labor subgroup to create a set of policies of procedures	Measure/Time	Begin 6/05	Assigned to	Senior Management Team
	1.1.2	Gather baseline data on impacts of operational change		6/05-12/05		Senior Management Team
	1.1.3	Implement pilot project		1/06		Senior Management Team

² Describe how the strategies will build on progress and improve this outcome or systemic factor

	1.1.3 Gather post-project data and compare to baseline.		6/06		Senior Management Team
Strategy 1. 2 Implementation of Team Decision Making (TDM) meetings after initial removal.			Strategy Rationale Through the TDM process, every attempt will be made to return children safely to their family.		
Activities	1.2.1. Create a management labor sub-committee to create a set of policies of procedures.	Measure/Time	10/04	Assigned to	Senior Management Team
	1.2.2 Train Emergency Response & Dependency Investigations staff and management on the TDM process.		1/05		Senior Management Team
	1.2.3 Implement TDM at every child removal.		Starting Fall '04		Senior Management Team
Strategy 1. 3 Implement CalWORKS-Child Welfare Linkages project, using economic assistance and employment support to decrease entries into care, expedite returns home and maintain stability for reunified families.			Strategy Rationale Economic and employment assistance appears to be underutilized by Child Welfare despite a high proportion of federally eligible foster care children in the county.		
Activities	1.3.1 Create joint Labor-Management Team (LMT) across Children and Family Services and Workforce and Benefits Administration.	Assigned to	10/04	Assigned to	Director's Office
	1.3.2 Develop procedures for Workforce & Benefits Administration staff to participate in TDM process.		11/04		Joint LMT

	1.3.3	Develop procedure for implementation of AB 429 that provides funding for substance abuse treatment for CalWORKs clients.		1/05		Joint LMT
	1.3.4	Develop pilot project for families served by FM and CalWORKS.		4/05		Joint LMT
Strategy 1.4 Introduce a Quality Assurance Case Review Process for Emergency Response investigations.				Strategy Rationale Quality Assurance process will ensure staff are effectively using SDM tools and will provide information on the levels of cultural competence of staff		
Activities	1.4.1	Select tool to be used to gather data regarding case reviews.	Measure/Time	10/04	Assigned to	Program Managers
	1.4.2	Train management staff on use of tool.		1/05		Program Managers
	1.4.3	Develop policies and procedures to help determine which cases are reviewed		3/05		Program Managers and supervisors
Strategy 1.5 Increase parent and youth participation in case planning				Strategy Rationale There are improved outcomes when families are more involved in the case planning process.		
Activities	1.5.1	Utilize TDM to develop safety plan agreed upon with families so that the child can remain in the family without court involvement.	Measure/Time	10/04	Assigned to	TDM facilitators
	1.5.2	Develop a procedure to ensure that, if a referral goes on for further child welfare services, the information for the safety plan must be input into CWS/CMS Case Plan.		1/05		Senior Management Team

Discuss changes in identified systemic factors needed to further support the improvement goals.

Better integration of case management planning and services across Children & Family Services and Workforce & Benefits Administration.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Training on Structured Decision Making tools and processes, and training for the use of Team Decision Making meetings for all staff.

Identify roles of the other partners in achieving the improvement goals.

The partners who could be most helpful include the agencies providing ARS services, law enforcement agencies, schools, and hospitals in Alameda County.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

None identified.

Outcome/Systemic Factor: Monthly social worker visits with children						
County’s Current Performance: Alameda County has a high level of compliance with monthly face-to-face contacts with children. However, the county’s performance on documentation of visits in the CWS/CMS application is very poor. According to CDSS, when only CWS/CMS is consulted, the monthly visit compliance rate was 56.9%, 58.7%, and 59.4% for October, November, and December 2003 respectively. However, when hard copy waivers and case notes regarding face-to-face visits were recently reviewed for 178 cases by the Department’s QA team, the compliance rate was 85%.						
Overall Improvement Goal Increase documentation of face-to-face contacts in CWS/CMS by 10% in 2004, 20% in 2005, by 30% in 2006 and increase number of face-to-face visits in programs that are currently out of compliance.						
<u>Goal 1.0</u> Standardize how, where, and when face-to-face contacts are entered in CWS/CMS.						
Strategy 1. 1 Establish standards of how, when, and where face-to-face contacts are to be entered in CWS/CMS.				Strategy Rationale³ Setting standards for entering face-to-face contact in CWS/CMS will increase timely documentation in CWS/CMS		
Activities	1.1.1	Face-to-face contacts will be entered in CWS/CMS within 30 days of visit with child.	Measure/Time	By 12/04	Assigned to	Child Welfare Workers
	1.1.2	Face-to-face contacts will be entered in CWS/CMS Case Management/Contacts section.		By 12/04		Child Welfare Workers

³ Describe how the strategies will build on progress and improve this outcome or systemic factor

	1.1.3 One face-to-face contact per entry with all mandatory fields completed		By 12/04		Child Welfare Workers
Strategy 1. 2 Increase monitoring of face-to-face contacts by supervisors and program managers.			Strategy Rationale Increased accountability of social workers and supervisors to senior managers will improve Child Welfare Worker documentation of face-to-face contacts in CWS/CMS.		
Activities	1.2.1. Mandate Safe Measures Monitoring by Child Welfare Supervisors and Program Managers.	Measure/Time	By 12/04	Assigned to	Child Welfare Supervisors Program Managers
	1.2.2 Supervisors will review Safe Measures data with workers at least once per month.		By 12/04		Supervisor and Child Welfare Worker
	1.2.3 Program Manager will review Safe Measures data with Supervisors at least once per month.		By 12/04		Program Manager and Supervisor
Strategy 1. 3 Utilize department Contact Waiver Workgroup to develop process for contact waiver documentation in CWS/CMS.			Strategy Rationale Lack of Contact Waiver in CWS/CMS gives the appearance of lower performance on face-to-face contacts in Alameda County.		
Activities	1.3.1 Get CDSS clarification of proper process for documenting visit exceptions (waivers.)	Measure/ Time	Currently on-going	Assigned to	CFS Waiver workgroup

	1.3.2	Workgroup to provide resolution.		By 9/30/04		CFS Waiver workgroup
	1.3.3	Distribute contact waiver cheat sheet for staff.		By 10/31/04		CFS Waiver workgroup and Quality Assurance unit.
Goal 2.0 Assess quality of face-to-face contacts						
Strategy 2.1 Supervisors will do random, monthly checks of face-to-face contacts				Strategy Rationale Checking with the service recipient will lead to improved quality of visits		
M Activities	2.1.1	Notify staff and caretakers of upcoming Quality Assurance efforts of supervisors and managers.	Measure/Time	By 10/31/04	Assigned to	Senior Management Team
	2.1.2	Supervisor will contact a caregiver at random each month to check on CWW contacts/visits and document results.		By 12/04		Child Welfare Supervisor
	2.1.3	Supervisor will read face-to-face contacts for CWWs in CWS/CMS at least twice per month.		12/04		Child Welfare Supervisor
Goal 3.0 Recognize and acknowledge improved documentation of face-to-face contacts in CWS/CMS.						
Strategy 3.1 Use all methods available to inform staff of improvements				Strategy Rationale Acknowledging and recognizing effort reinforces positive outcomes.		

Activities	3.1.1	Include announcement in e-mailed Family to Family newsletter.	Measure/Time	Quarterly	Assigned to	Family to Family newsletter
	3.1.2	Flyers/posters in buildings		Quarterly		QA unit
	3.1.2	Voicemail messages of congratulations and recognition to Child Welfare Workers.		Quarterly		QA unit division director
Goal 4.0 Assess and determine which programs need to improve rate of visitation.						
Strategy 4.1 Conduct internal audits by program to determine each program’s unique rate of compliance with face-to-face visits.				Strategy Rationale An accurate assessment of individual program compliance will enable department to allocate resources appropriately.		
Activities	4.1.1	Each unit supervisor will assess each case for appropriate visitation pattern.	Measure/Time	Ongoing	Assigned to	Supervisor and Social Worker
	4.1.2	Re-assess each contact waiver currently in place and update as necessary		Ongoing		Supervisor and Social Worker
	4.1.3	Allocate staffing resources to programs with lowest compliance rates.		By 1/1/05		Management staff
	4.1.4	Conduct internal audits of visitation by program.		Quarterly to begin 1/1/05		QA unit

Discuss changes in identified systemic factors needed to further support the improvement goals.

Increase use of CWS/CMS and Safe Measures by staff, supervisors, and managers.

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Educate/train staff on standards and guidelines for documenting face-to-face contacts in CWS/CMS; train CWW staff on how to conduct a quality home visit.

Identify roles of the other partners in achieving the improvement goals.

Support will be needed from SSA Training/Staff Development, and from CWS/CMS application support staff.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

1. Adequately fund Department to meet SB933 mandated monthly face-to-face visits for group home children.
2. Create more expansive contact waiver criteria for Family Maintenance program.
3. Request that CDSS give credits for attempted face-to-face visits with AWOL children.
4. For change of placement visits, expand timeframe from 24 to 72 hours.

Outcome/Systemic Factor: Use of least restrictive foster care placements				
County's Current Performance: The percentage of children placed in FFA homes is increasing while fewer children are experiencing group homes as their primary placement. County licensed foster home placements and relative caretaker placements as the predominant placement are declining. For children who entered care for the first time in 2003 and remained in care for at least 5 days, 45.5% had an FFA as a predominant placement. The remaining had the following predominant placements: relative home (22.2%), foster home (17.1%), group home (13.5%), or other placement (1.7%). Note that this measure is dependent on first entries to care, which declined by about 17% from 2001 to 2002 and remained low in 2003.				
Overall Improvement Goal Locate and find more kin and fictive kin placements for children entering the foster care system.				
Goal 1.0 Prevent children from having an Emergency Foster Home placement when there is a suitable relative/Non-Related Extended Family Member (NREFM) placement available (at initial as well as subsequent placements).				
Strategy 1. 1 Create an emergency assessment procedure.			Strategy Rationale⁴ An emergency assessment procedure will help to avoid Emergency Foster Home placement and allow more direct placements with an available relative.	
Activities	1.1.1 Write and implement a procedure for relative/NREFM identification and documentation	Measure/Time	1/05	Assigned to Senior Management Team

⁴ Describe how the strategies will build on progress and improve this outcome or systemic factor

	1.1.2 Write and implement a procedure for emergency assessment.		3/05		Senior Management Team
Strategy 1. 2 Set up a method to conduct thorough relative/NREFM searches and document the results in CWS/CMS.			Strategy Rationale This method will provide a system to ensure relative/NREFM options are elicited and documented for the life of the case.		
Activities	1.2.1. Create form and procedure	Measure/Time	1/05	Assigned to	Senior Management Team
	1.2.2 Train and implement		3/05		Senior Management Team
Strategy 1. 3 Create community outreach team to conduct neighborhood- based searches and identify new local placements.			Strategy Rationale Increase number of foster care placements in or near the communities from which children are removed.		
Activities	1.3.1 Utilize Family to Family Recruitment, Training & Support (RTS) and Community Partnerships (CP) workgroups to create a community search team.	Measure/Time	3/05	Assigned to	Family to Family RTS and CP Workgroups
	1.3.2 Work with existing foster parents to expand willingness to accept other children into their care.		3/05		Family to Family RTS Workgroup
	1.3.3 Develop a comprehensive mental health assessment and stabilization services for kids entering foster care; and educate caregivers that the service is available		6/05		Family to Family RTS Workgroup

Activities	1.4.1	Legislative advocacy	Measure/Time	1/05	Assigned to	Senior Management Team & Alameda County lobbyist
	1.5.3	Write a proposal for CWDA to advocate for an allocation to fund assessment centers		1/05		Senior Management Team
	1.5.4	Advocate to maintain placement staff, public health nurse, and mental health staff, child care staff at assessment center		1/05		Senior Management Team
Goal 2.0 Increase the number of children who are ‘stepped down’ to lower levels of care from group home placement.						
Strategy 2.1 Implement a case weighting system in Group Home units.				Strategy Rationale A case weighting system will allow for more realistic caseloads so that CWWs can focus on youths in group homes who can be safely moved to lower level placements.		
Activities	2.1.1	Identify appropriate case weighting system using data and reports from GH strategy committee.	Measure/Time	1/05	Assigned to	Senior Management Team
	2.1.2	Prepare for labor negotiations		3/05		Senior Management Team

Strategy 2.2 Implement a financial incentive project for foster parents to accept group home kids.				Strategy Rationale Foster parents would be more likely to accept foster youth in 'step-down' placements if the foster care rate was increased.		
Activities	2.2.1	Create a proposal that shows financial and outcome benefits	Measure/Time	1/05	Assigned to	Senior Management Team
	2.2.2	Develop the procedure, including identifying youth, train and implement		3/05		Senior Management Team
	2.2.3	Obtain Board of Supervisor approval.		6/05		Senior Management Team
	2.2.4	Solicit and train current foster parents.		7/05		Senior Management Team
Strategy 2.3 EPSDT expansion should be broadened to provide services to both licensed foster parents and relatives in step-down arrangements.				Strategy Rationale Currently the pool of foster homes available for step-down arrangements is limited to those affiliated with the FlexCare Consortium, A broader pool would create more step-down possibilities and EPSDT funds could be used to pay for additional support services.		
Activities	2.3.1	Educate staff, caregivers, and mental health providers.	Measure/Time	3/05	Assigned to	Senior Management Team & the RTS Workgroup
	2.3.2	Utilize new EPSDT services to target the potential step-down population.		6/05		Senior Management Team & the RTS Workgroup
Strategy 2.4 Use interns or contracted staff to collect information in the case folders to identify other people in a child's life for possible foster care placement.				Strategy Rationale It is often difficult for workers with high caseloads to conduct this type of information gathering in the case records. The use of interns or other staff may be the most effective way of collecting this vital information for appropriate cases.		

Activities	2.4.1	Recruit, train and deploy interns and/or volunteers	Measure/Time	6/05	Assigned to	Senior Management Team
	2.4.2	Develop a process to identify appropriate cases.		6/05		Senior Management Team
Strategy 2.5 Conduct YOUTH training (sponsored by the California Youth Connection and the Bay Area Academy) to identify myths and stigmas associated with youth in group home placements.				Strategy Rationale This special training would be used to increase the number of foster parents and other caregivers likely to accept children being ‘stepped-down’ from group home care settings.		
Activities	2.5.1	Utilize training funds	Measure/Time	6/05	Assigned to	Senior Management Team
	2.5.2	Provide training to staff and caregivers		6/05		Senior Management Team
Strategy 2.6 Convert Group Home units to wraparound services units contingent on achieving some flexible Title IV-E funds and elimination of the control group in reauthorization of the federal waiver.				Strategy Rationale Expansion of the Wraparound services model to all children in high-level placements or at risk of high-level placements is essential to improve the outcomes for older children and foster youth.		
Activities	2.6.1	Engage in legislative advocacy	Measure/Time	3/05	Assigned to	Senior Management Team
	2.6.2	Coordinate with Behavioral Health Care Services to fund additional wraparound services		3/05		Senior Management Team

Discuss changes in identified systemic factors needed to further support the improvement goals.
To provide wraparound services to all children in high-level placements or at risk of needing high-level placements.
Describe educational/training needs (including technical assistance) to achieve improvement goals
New and different types of training required for foster parents, community partners, and agency staff.
Identify roles of other partners in achieving the improvement goals
Community partners comprise community outreach team.
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.
Advocate for Assessment Centers to be financed as they contribute to the success of defined outcomes and for the development of more flexible Title IV-E funding opportunities.

Outcome/Systemic Factor: Multiple foster care placements					
County's Current Performance: Too many children continue to experience multiple foster care placements. In 2002, 52.4% of children had 1-2 placements if they were still in care after 12 months of their first entry to care. Therefore, almost half of the children who remain in care for 12 months after their first entry to care have 3 or more placements. This measure does not exclude changes in a caretaker's status, which Alameda County enters as placement changes in CWS/CMS. For example, a conversion from emergency to long term placement, an address change, or a facility type change when the caretaker does not change are all reflected as new placements.					
Overall Improvement Goal Increase to 57% the number of children with only 1-2 placements over a one-year period.					
Goal 1.0 Redesign Placement System					
Strategy 1. 1 Improve the assessment of placement needs of children			Strategy Rationale⁵ Reduce placement disruptions		
Activities	1.1.1 Develop and implement a policy to mandate ERU & placement workers to meet with each other at the time the child is taken into protective custody.	Measure/Time	90 % of all children will have a joint meeting on their behalf within 6 months	Assigned to	ER and placement Program Managers & ER and placement supervisors
	1.1.2 Review the current tools used at the assessment center.		By 12/04		Assessment Center operations group

⁵ Describe how the strategies will build on progress and improve this outcome or systemic factor

	1.1.3 Have placement resources available for TDM meetings on an on-call basis.		80% of all children who remain in protective custody have a placement CWW assigned to the child by the end of the TDM meeting		TDM facilitator/placement supervisor
	1.1.4 Placement worker make all decisions regarding conversions of placements from emergency to regular status.		By 12/04, 100% of placement conversions are completed by placement staff		Program Managers & supervisors
Strategy 1. 2 Determine which section/program is most appropriate for the responsibility for coordinating, training and recruiting resource homes.			Strategy Rationale To give department staff ownership and accountability of resource families.		
Activities	1.2.1. Conduct joint meetings between placement and licensing.	Measure/Time	By 1/05	Assigned to	Division Directors and Program Managers overseeing placement and licensing
	1.2.2 Build on a positive relationship between staff, resource family and birth parents		Quarterly joint trainings and informal surveys & monthly phone contact by supervisors to birth parents and resource families by 03/05.		Senior Management Teams, Licensing staff, RTS workgroup
Strategy 1. 3 Expedite Relative/NREFM approval process.			Strategy Rationale: Children are moved less when directly placed in a relative home		
Activities	1.3.1 Form dedicated unit to process relative assessments	Measure/Time	By 11/04	Assigned to	Senior Management Team
	1.3.2 TDM process to identify relatives during the TDM meeting with parents and CWW		Starting Fall, 2004		TDM facilitator

Goal 2.0 Recruit, train and retain resource families							
Strategy 2.1 Provide a range of training opportunities for staff and resource families.				Strategy Rationale: Adults learn in different ways so training needs to accommodate and support learning and positive relationships			
M Activities	2.1.1	Ongoing resource family/staff trainings	Measure/Time	Quarterly (FAST) trainings		Assigned to	RTS Workgroup
	2.1.2	Coordinate community colleges resource family/staff training		Within 9 months			Licensing and RTS Workgroup
	2.1.3	Create informal support groups for resource families		Within 6 months			Licensing staff & RTS Workgroup
Strategy 2.2 Strategize with Foster Family Agencies (FFAs) on ways to improve permanency outcomes for children.				Strategy Rationale: To reinforce Family to Family philosophies and develop partnerships with the FFAs.			
Activities	2.2.1	Review current regional MOU and finalize. Develop addendum that reinforces expanded definition of permanency.	Measure/Time	By 3/05		Assigned to	Placement staff & Senior Management Team
	2.2.2	Distribute to FFAs		By 4/05			Senior Management Team
	2.2.2	Utilize ongoing FFA/Department meetings to address permanency outcomes for children in FFAs.		By 12/04			Placement staff

Goal 3.0 Obtain additional data regarding multiple placements						
Strategy 3.1 Determine patterns of 1-2 placements versus 3 or more placements				Strategy Rationale: Data will guide us in what contributing factors exist when multiple placements are made.		
Activities	3.1.1	Run Business Objects queries to identify CWWs who have pattern of only 1-2 placements routinely	Measure/Time	Within 60 days	Assigned to	Quality Assurance staff
	3.1.2	Interview staff who have been identified to look at activities that contribute to 1-2 placements		Within 90 days		PM and supervisor of the identified CWWs
	3.1.3	Replicate the activities that contribute to 1-2 placements		Within 120 days		PM and supervisors of the identified CWWs
Strategy 3. 2 Separate out conversions (from emergency to long term) placements and changes of address that do not accurately reflect placement changes.				Strategy Rationale Department performance may be better than the system data shows.		
Activities	3.2.1	Business Objects queries on conversions	Measure/Time	Quarterly starting 12/04	Assigned to	Quality Assurance staff
	3.2.2	Business Objects queries on change of address		Quarterly starting 12/04		Quality Assurance staff
Discuss changes in identified systemic factors needed to further support the improvement goals. Foster/Adoptive parent recruiting and retention, and staff/provider training on permanence and stability issues.						

Describe educational/training needs (including technical assistance) to achieve the improvement goals.

Training in permanency and best practices in placement stability.

Identify roles of the other partners in achieving the improvement goals.

Foster Family Agencies need to understand and embrace the Family to Family philosophies and approaches.

Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.

CDSS needs to examine the methodology for counting multiple placements. CDSS also needs to review and improve efficiency of relative approval process.

Attachment A—Summary Assessment (From Self Assessment Plan)

Overview

Child Welfare systems exist in particular socio-economic contexts that can affect the prospects for success or failure on desirable outcomes for children and families. As noted in the Demographic Profile, large pockets of poverty persist in various communities throughout Alameda County and these tend to be the high-volume areas for the child welfare agency.

Approximately 14% of all children in 1999 were living in families below 100% of the Federal Poverty Level, which was \$17,029 for a family of four. Also during 1999, almost 30% of all children in Alameda County (103,321) were living in low-income households (under 200% of federal poverty levels).⁶ One in ten poor children in the county lack health insurance.

Discrepancies in educational opportunities for low-income youth restrict possibilities for adequate academic and occupational attainment and achievement. For example, almost 10% of all young people ages 16-19 were not employed and not in school in 2000. Twenty percent of new mothers and 17% of new fathers had fewer than 12 years of education in 2001. Only 40% of high school students in Alameda County graduate with an academic preparation good enough to enter the U.C. or C.S.U. college systems.⁷

Child welfare services are significantly under-resourced and hampered by federal and state funding streams that are not flexible enough to pay for early prevention or intervention work. The lack of flexible and adequate funding for child abuse/neglect prevention and intervention prohibits innovation and expansion.

Children and families in Alameda County require complex and coordinated services for problems related to the poverty and educational gaps mentioned above. There are insufficient mental health, child-care, substance abuse, housing, employment training and education services and resources. Alameda County's Department of Children and Family Services is unable to provide adequate prevention and collaborative services so that these other correlated issues can be addressed with child welfare clients.

The Department of Children & Family Services has implemented a number of innovative program and practice reforms in recent years despite a lack of funding and service resources. Some of these changes are already showing positive results. The following is a list of programs or initiatives that Alameda County, in collaboration with other organizations and agencies, has implemented in an effort to combine traditional child welfare services with alternative, more effective and useful prevention and treatment strategies.

- Family to Family, an Anne E. Casey Foundation initiative, provides tools and workgroups to reconstruct child welfare services to more effectively collaborate with communities to improve outcomes for children and families. There are four

⁶ Children Now, California County Data Book 2003, Oakland, CA: Children Now, 2003. Found March 2004 at <http://www.childrennow.org/assets/pdf/cdb03/cdb03-alameda.pdf>

⁷ Children Now, California County Data Book 2003.

core strategies of *Family to Family* that target the key areas where most public systems need major reform: Building Community Partnerships; Recruitment, Training and Support of Resource families; Team Decision Making; and Self-Evaluation.

- Structured Decision Making (SDM) tools define specific, objective criteria to guide case management decisions.
- Another Road to Safety, the Department's differential response system, diverts low to moderate risk families who have been referred to the Children's Protective Services (CPS) hotline but do not legally warrant an Emergency Response investigation to a community-based, intensive family support service delivery program.
- Neighborhood Services is an early intervention/prevention program with families for whom a referral to our Department warrants a response, but the family does not reach the level of risk that warrants involuntary intervention. Child Welfare Workers provide intensive, in-home services for up to seven months.
- The Assessment Center is a child-friendly environment for children removed from their homes or changing placement. Physical and mental health screenings provide early identification of areas of concern and information to assist the foster family to better meet the child's needs.
- The SEED program provides comprehensive services to address the special needs of children under three years of age, including developmental and psychological assessments, guidance and education to families regarding their child's development and functioning, therapy, training and educational support groups, pediatric medical care, and limited child care.
- Family Preservation is a state-funded program designed to provide intensive services to prevent foster care placement or safely return children who have been in foster care. Family Preservation Child Welfare Workers have a very low caseload and provide a wide range of clinical case management services to families on a weekly basis in their homes. Services include crisis intervention, brief therapy, family counseling, advocacy, case management, financial assistance, parenting training, and substance abuse relapse prevention.
- Project Destiny is a public-private collaborative program of wraparound services for high-needs children. This federal Title IV-E Waiver Demonstration Project provides flexible funding for special needs foster youth who can be maintained safely in lower levels of care than would otherwise be possible. The flexible funding allows our county to financially support services that are not otherwise available to relative caregivers and foster homes.
- Transitional Housing Program provides transitional housing and supportive services for foster youth ages 16-18 for up to two years. This is a statewide program that provides a unique license to providers through Community Care Licensing to operate apartments with case management and other emancipation staff for foster youth.

- Transitional Housing Program Plus provides housing for former foster youth ages 18-21 for up to two years. The County provides 60% of the funding, and the State matches with 40% of the cost.
- The Teen Health Center provides medical services for 16-21 year old former and current foster youth. Currently, the staff consists of a medical doctor, a medical assistant, and an Eligibility Technician who assists the youth in maintaining their Medi-Cal benefits. The program hopes to expand and collaborate with Alameda County Behavioral Health Care Services to provide mental health screening in the future.

System Strengths and Areas Needing Improvement

On the positive side of the Agency's performance this review of the data suggests that the Child Welfare system is responsive (Outcome indicator 2B); that rates of recurrence of maltreatment are relatively low (Outcome Indicator 1B); and, in the overall caseload dynamics, that the number of children entering foster care for the first time has begun to drop in recent years.

However, there are many areas where the Agency's performance could be improved, in particular: Racial Disproportionality (Outcome Indicators 3A, and rates of referral); Timely social worker visits with child (Outcome Indicator 2C); Rates of reunification within 12 months (Outcome Indicator 3A); Rates of adoption within 24 months (Outcome Indicator 3A); Multiple foster care placements (Outcome Indicator 3C); Rates of foster care re-entry (Outcome Indicator 3G); and, Use of least restrictive foster care settings (Outcome Indicator 4B).

Based on the review of current performance data on outcomes, Alameda County considers the following four areas to be in critical need of immediate improvement and to require special attention in the System Improvement Plan (SIP):

Racial Disproportionality

African American children continue to be over-represented at almost every step of the Alameda County Child Welfare process: referrals, removals, and foster care placements. Many of these children grow up in the foster care system and are underrepresented in the most desirable exits – reunifications and adoptions. More African American children are placed with kin in their extended family but, even then, far fewer exit the system to guardianship or Kin-GAP.

An existing strategy that is having some impact on racial disproportionality at the intake and assessment phase is Structured Decision Making. The implementation of the Family to Family Team Decision Making process is expected to have further positive effects on this issue by broadening the pool of participants for key decisions such as removals and reunifications.

Monthly Visits with Children

Regular social worker visits are the major social work intervention provided under the current California mandates and regulations. Social Work visits are correlated with successful outcomes, particularly reunifications and early exits from the system. The county's performance on visits and documentation of visits is very poor. Under the new

systems of accountability, even the best casework is diminished in value if it is not recorded appropriately in CWS/CMS.

Multiple Foster Care Placements

Too many children continue to experience multiple foster care placements. On the state measure, the county's rate – 47% – is much lower than the statewide rate of 63.2% of children statewide who experienced two or less placements. Of concern here too is the fact that children mainly experience an upward cycle of placement changes towards more restrictive placements.

Use of least restrictive foster care placements

For the two years of performance data analyzed, the trends on this outcome indicator are not in the desired direction. The percentage of children being placed in Kinship and Foster Homes is decreasing while the percentage of children placed in Group Homes is increasing. These data are consistent with foster care placement trends that have been seen in Alameda County in recent years. However, on the positive side, the percentage of children being placed in Foster Family Agency homes is increasing.

Summary of strengths and weaknesses on each C-CFSR Outcome

Safety Outcomes

Children are, first and foremost, protected from abuse and neglect

Strengths:

Declining referrals; Increased diversion and early intervention options.

Improvement needed:

More and targeted reporting from particular communities (e.g., Spanish-speaking, Asian groups).

Children are maintained safely in their homes whenever possible and appropriate

Strengths:

Decline in the number of children removed from home and family.

Improvement needed:

More children served safely in home; children returned home more expeditiously.

Permanency Outcomes

Children have permanency and stability in their living situations without increasing reentry to foster care

Strengths:

Reunification levels stable; Adoption exits increasing; Kin-GAP exits increasing.

Improvement needed:

Reentry rates still high; Multiple Foster Care placements still common; More use of least restrictive placement options.

The family relationships and connections of the children served by the Child Welfare System will be preserved, as appropriate

Strengths:

Rate and number of children placed with kin stable (with some recent decline).

Improvement needed:

More children placed in their neighborhoods, communities.

Well Being Outcomes

Children receive services adequate to their physical, emotional and mental health needs.

Strengths:

EPSDT expansion introduces a new range of needed services.

Improvement needed:

Monthly visits from Child Welfare Workers inconsistent; Services for substance-abusing parents still limited.

Children receive services appropriate to their educational needs

Strengths:

Strong and well-developed Independent Living Skills program for older children.

Improvement needed:

Extensive upgrading of public school capacity, especially in Oakland; more Independent Education Plans (IEPs) for foster children; better educational advocacy for foster children.

Families have enhanced capacity to provide for their children's needs

Strengths:

Family Preservation services; SEED program; Kinship Support Services Centers for kin caregivers.

Improvement needed:

More substance abuse and mental health services for child welfare families.

Youth emancipating from foster care are prepared to transition to adulthood

Strengths:

Well-established and successful ILS program; New ILS programs including THP Plus, Project Hope.

Improvement needed:

More transitional housing options; More post-emancipation supports services and options.

Alameda County is considering system reform concepts that will impact multiple outcomes, as follows:

- Participation in the new state Title IV-E waiver and making decisions about how and where to spend any flexible funds that accrue for this proposal; and

- With the pending department-wide implementation of SDM, there will be an opportunity to change the CWS funding formula to reflect SDM criteria. For example, should low-risk cases be opened to the formal system for services or diverted to expanded community-based programs? Or, should very high-risk cases receive enhanced services including more frequent social work visits?

Further Exploration through the Peer Quality Case Review

At this point, no specific practice areas have been identified that would be suitable for an intensive case review from other county child welfare staff. Planning for the Peer Quality Case Review will be addressed more closely in the System Improvement Plan process that the Department will begin in July 2004.

Conclusion

From the current vantage point given the difficult budget climate, the reformed system envisioned for Alameda County – with adequate services to keep children at home, decision-making which includes family members, mutually supportive relationships with resource families, and effective partnerships with the communities we serve – seems impossibly out of reach at times. However, the Department is committed to continue striving to make this vision a reality. The children and families of Alameda County deserve nothing less.

Attachment B

ALAMEDA COUNTY SELF ASSESSMENT INTERAGENCY TEAM

Carolyn Novosel, Alameda County Behavioral Health Care Services – Children Services, Director.

Karmen Kruei, Alameda County Court Appointed Special Advocates (CASA), Infant Toddler Case Manager.

Amy Freeman, Alameda County Foster Care Youth Alliance, Coordinator

Elizabeth Tarango, Alameda County Office of Education, Foster Youth Services, Program Manager.

Sheila Foster, Alameda County Probation Department – Juvenile Services, Director

Marge Deichman, Alameda County Public Health Department – Family Health Services, Director.

Carol Collins, Alameda County Social Services Agency – Children and Family Services, Assistant Agency Director

Donna DeAngelis, Alameda County Social Services Agency – Children and Family Services, Division Director

Erika Shore, Alameda County Social Services Agency – Children and Family Services, Division Director

Lori Jones, Alameda County Social Services Agency – Children and Family Services, Division Director.

Tom Clancy, Alameda County Social Services Agency – Children and Family Services, Supervising Program Specialist

Connie Linas, Alameda County Social Services Agency – Children and Family Services, Quality Assurance Unit, Child Welfare Worker

Deanna Niebuhr, Alameda County Social Services Agency – Children and Family Services, Policy Liaison.

Josh Thurman, Alameda County Supervisor, District 1, Staff

Mark Weinberger, Alameda County Supervisor, District 2, Staff

Ruben Briones, Alameda County Supervisor, District 3, Staff

Darryl Stewart, Alameda County Supervisor, District 4, Staff

Aisha Brown, Alameda County Supervisor, District 5, Staff

Jolene Smith, American Indian Child Resource Center, Coordinator

Richard Otto, Casey Family Programs, Director of Community Program Development

Deborah Bremond, Ph.D., Every Child Counts/Alameda County First Five, Director

Gary Thompson, Interagency Children's Policy Council of Alameda County, Director

Zandra Washington, Interagency Children's Policy Council of Alameda County, Community Liaison.

Elizabeth Burr, John W. Gardner Center of Stanford University, Project Director.

Kathryn Hopkins, John W. Gardner Center of Stanford University, Policy Research Associate

Mary Anne Aikens, Merritt College – Foster Care and Kinship Programs, Staffperson

Cynthia Whitfield, Ph.D., Merritt College – Foster Care and Kinship Programs, Program Director.

Darryl Hamm, National Center for Youth Law – Oakland, Senior Attorney